## PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000

Application or Docket Number

PA 00-1010-4

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			9/		* · · · · · · · · · · · · · · · · · · ·		ſ			ON I			
			<b>∠</b> 6		·			RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			45 minus 20=		* 25			X\$ 9=	225	OR	X\$18=		
<b> </b>	DEPENDENT CL		nus 3 =	Ò			X40=		OR	X80=			
ML	ILTIPLE DEPEN	IDENT CLAIM PR	RESENT					+135=	135	OR	+270=		
* If the difference in column 1 is less than zero, enter "0" in column						olumn 2	į	TOTAL		OR	TOTAL	1715	
Claims as amended - Part II										_	OTHER	THAN	
	(Column 1) (Column 2) (						1 _	SMALL	ENTITY	OR	SMALL	EMTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Totál	: 45	Minus	45			-	X\$ 9=		OR	X\$18=		
AME	Independent	ALTATION OF MA	Minus	*** &	501.0104	=		X40=		OR	X80=		
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=		OR	+270=		
							ĮĮ.	TOTAL		OR	TOTAL		
		,	ADDIT. FEE			ADDIT. FEE							
<u> </u>	•••	(Column 1) CLAIMS	<u>;                                    </u>	(Colur		(Column 3)	<u>.</u> 1	<u> </u>	1001	1 1			
AMENDMENT B	No. of the last of	REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NON	Total	* /	Minus	##		= ·		X\$ 9=		OR	X\$18=	∵,	
	Independent	<b>*</b>	Minus	***		=		X40=		OR	X80=		
Ø	FIRST PRESE	NTATION OF MU	ILTIPLE DEP	ENDENT	CLAIM		] }			On		· ·	
								+135=	,	OR	+270=		
사용 수 있는 것이 되었다. 그 사람들은 사람들은 사람들은 사람들은 사람들은 사람들이 되었다. 그 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은							ي د	TOTAL		OR	TOTAL ADDIT. FEE		
		(Cálumm 4)		(Calur	O\	(Column 3)	,	ADDIT. FEE		3	AUUII. FEEL		
<u> </u>		CLAIMS	<u></u>	(Colur		(Column 3)	) (c	γ	4001	) [		4001	
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMI PREVIO PAID	DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NOW	Total	•	Minus	ůά		=		X\$ 9=		OR	X\$18=	,	
) Jana	Independent	*	Minus	***		=		X40=			X80=		
ଔ	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	PENDENT	CLAIM			7,702		OR	7.00=	-	
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+270=		
்* If th "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT FEE										OR	TOTAL ADDIT. FEE		
### ### ##############################													